

# Tiny Treasures Complaint Form

<b>Date of Complaint:</b>					
<b>Source of Complaint</b> (please tick as appropriate)					
Parent (in writing, including email)	<input type="checkbox"/>	Anonymous		<input type="checkbox"/>	
Parent (in person)	<input type="checkbox"/>	CIW		<input type="checkbox"/>	
Parent (phone call)	<input type="checkbox"/>	Complaint No (if known):			
Staff member	<input type="checkbox"/>	Other (please state)		<input type="checkbox"/>	
<b>Nature of Complaint</b> (please tick the requirements that the complaint relates to)					
Tick if this relates to Early Years Complaint <input type="checkbox"/> or Childcare Register Complaint <input type="checkbox"/>					
Learning and development (Section 1 pg 7-12)	1.1 to 1.12		Premises and security - Safety (Section 3 pg 29)	3.54 to 3.55	
Child Protection (Section 3 pg 16-18)	3.4 to 3.8		Smoking (Section 3 pg 29)	3.56	
Suitable people (Section 3 pg 18-19)	3.9 to 3.13		Risk assessment (Section 3 pg 31)	3.64	
Medication/other substances (Section 3 pg 20)	3.19		Outings (Section 3 pg 31)	3.65 to 3.66	
Medicines (Section 3 pg 27)	3.44 to 3.46		Special Educational Needs (Section 3 Pg 31)	3.67	
Food and drink (Section 3 pg 28)	3.47 to 3.49		Information & Records (Section 3 pg 31-33)	3.68 to 3.73	
Accident or injury (Section 3 pg 28)	3.50 to 3.51		Complaints (Section 3 pg 33)	3.74 to 3.75	
Behaviour management (Section 3 pg 28 - 29)	3.52 to 3.53				
<b>Please give details of the complaint:</b>					
<b>How it was dealt with</b> (please tick as appropriate)					
Internal investigation		<input type="checkbox"/>	Investigation by CIW		<input type="checkbox"/>

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Investigation by other agencies (please state)

**Please give details of any internal investigation or attach any outcome letter from CIW:**

**Actions and outcomes** (please tick as appropriate)

Internal actions	<input type="checkbox"/>	Other action taken by CIW	<input type="checkbox"/>
Actions agreed with CIW	<input type="checkbox"/>	No action	<input type="checkbox"/>
Changes to conditions of registration	<input type="checkbox"/>	Actions imposed or agreed with other agencies	<input type="checkbox"/>

**Please give details:**

**Has a copy of this record been shared with parents? Yes or No**

**Name of recorder:**

**Outcome notified to parent:**

**Yes or No**

**Date:**

**Position:**

**Name:**

**Date completed:**

**Signature:**